
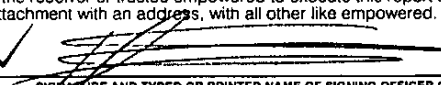


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90008 001 \*\*\*\*61.25

DOCUMENT # N06000012786					
<b>1. Entity Name</b> THE EDGES AT 4TH ST. CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1040 S.W. 4TH STREET MIAMI, FL 33130			<b>Mailing Address</b> P O BOX 441925 MIAMI, FL 33144		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 814 PONCE DE LEON BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 400			
City & State		City & State CORAL GABLES, FL		<b>4. FEI Number</b> 20-8421725	
Zip		Country 33134 USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HABER, ROBERT M 520 BRICKELL AVENUE SUITE O-305 MIAMI, FL 33131			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUIZ, ZULLY 1040 S.W. 4TH STREET MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	814 PONCE DE LEON BLVD #400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BUDEJEN, DANIA 1040 S.W. 4TH STREET MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	814 PONCE DE LEON BLVD #400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GARCIA, ALINA 1040 S.W. 4TH STREET MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	8440 Grand Canal Dr. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 				3/4/08 305-774-2911	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dania Budejen				Date Daytime Phone #	